

AMENDED IN ASSEMBLY AUGUST 24, 2006

AMENDED IN ASSEMBLY AUGUST 8, 2006

AMENDED IN ASSEMBLY AUGUST 7, 2006

AMENDED IN ASSEMBLY JUNE 21, 2006

AMENDED IN SENATE MAY 17, 2006

AMENDED IN SENATE MAY 4, 2006

## **SENATE BILL**

**No. 1405**

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### **Introduced by Senator Soto**

(Coauthors: Assembly Members Ridley-Thomas and Yee)

February 22, 2006

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An act to add and repeal Section 14122.5 of the Welfare and Institutions Code, relating to health care.

#### LEGISLATIVE COUNSEL'S DIGEST

SB 1405, as amended, Soto. Medi-Cal: interpreter services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health, dental, and vision services to eligible children pursuant to a federal program entitled the State Children's Health Insurance Program.

This bill would make certain findings regarding the portion of the California population that is limited English proficient (LEP). The bill would require the department to establish the Task Force on Reimbursement for Language Services to take specified actions relating to the provision of language assistance services for the population that is LEP and that is enrolled in the Medi-Cal program. The bill would provide for the appointment of the members of the task force based upon certain requirements. It would require the task force to ~~report its recommendations to~~ *brief* the Legislature *by submitting final recommendations* no later than July 1, 2009, and would require that all costs associated with the task force be paid with private funds.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all the
- 2 following:
- 3 (a) By the year 2040, two out of every three Californians will
- 4 be people of color.
- 5 (b) Over 200 languages are spoken in California.
- 6 (c) Latinos represent one-third of California's population, and
- 7 over one-half of California Latinos speak a language other than
- 8 English at home.
- 9 (d) It is estimated that one in five Californians (six to seven
- 10 million people) are limited English proficient (LEP), speaking
- 11 English less than "very well." In the Counties of Imperial, Los
- 12 Angeles, and Monterey, and the City and County of San
- 13 Francisco, between one-quarter and one-third of the population is
- 14 LEP.
- 15 (e) It is estimated that there are fewer than 500 professional
- 16 health care interpreters in California and, of these, only a fraction
- 17 have been formally trained in health care interpreting and work
- 18 full time as health care interpreters.
- 19 SEC. 2. Section 14122.5 is added to the Welfare and
- 20 Institutions Code, to read:
- 21 14122.5. (a) The department shall establish the Task Force
- 22 on Reimbursement for Language Services, based on the
- 23 availability of funding, to do the following, to the extent feasible:

1 (1) Compile interpreter models in the health care delivery  
2 system currently used by other states.

3 (2) Assess and evaluate those models, including all of the  
4 following:

5 (A) Identify and evaluate key language service delivery  
6 characteristics.

7 (B) Compile and assess best practices, and develop minimum  
8 interpretation and translation quality standards.

9 (C) Develop and evaluate oversight mechanisms on the  
10 delivery of language services.

11 (3) Develop ~~and adopt~~ a mechanism for seeking federal  
12 matching funds from the federal Centers for Medicare and  
13 Medicaid Services to pay for language assistance services,  
14 including oral interpretation services and translation of written  
15 materials, for the population that is limited English proficient and  
16 that is enrolled in the Medi-Cal program.

17 (4) Forward a recommended system of interpreter services  
18 applicable to the Medi-Cal fee-for-service program that allows  
19 for federal reimbursement for those interpreter services.

20 (b) The task force shall be chaired by a designee of the  
21 department and shall be comprised of the following members or  
22 their designees:

23 (1) Three representatives from the department, at least one of  
24 whom shall be from the Office of Multicultural Health, *to be*  
25 *designated by the department.*

26 (2) ~~Six~~ Five representatives from providers of health care ~~or~~  
27 ~~and~~ health care interpretation, including community ~~clinics,~~  
28 ~~clinics and~~ public hospitals, ~~and organizations representing~~  
29 ~~California-licensed physicians,~~ with at least one representative  
30 from each of those groups, *to be appointed by the Governor.*

31 (3) Three representatives from consumer groups, *to be*  
32 *appointed by the Senate Committee on Rules.*

33 (4) Three representatives from health care advocacy  
34 organizations, *to be appointed by the Speaker of the Assembly.*

35 (5) One physician, *to be appointed by the Governor.*

36 (c) State agency and department representatives described in  
37 subdivision (b) shall be ~~an employee or officer of each respective~~  
38 ~~appointing agency employees or officers of their respective~~  
39 *appointing agencies.*

~~(d) Each member described in subdivision (b) shall be appointed by the department from a list of recommended appointees submitted by the Chairperson of the Senate Committee on Rules and the Speaker of the Assembly.~~

~~(e)~~

(d) The total number of participants on the task force shall not exceed 15.

~~(f)~~

(e) Whenever possible, members of the task force shall have experience working with the limited English population.

~~(g)~~

(f) The task force shall meet at least once every two months.

~~(h)~~

(g) The task force shall convene on or after January 1, 2007, and shall ~~report its recommendations to~~ *brief members of* the Legislature by submitting ~~them~~ *final recommendations* to the health policy committees of the Assembly and Senate no later than July 1, 2009.

~~(i) Membership on the task force shall be voluntary.~~

(h) *Membership on the task force shall be voluntary and without compensation.*

~~(j)~~

(i) All costs associated with the administration of the task force shall be paid with funds contributed for that purpose by private individuals and entities.

~~(k)~~

(j) The requirements of this section shall be implemented only to the extent that sufficient funding is available for that purpose, *as determined by the department.*

~~(l)~~

(k) This section shall remain in effect only until six months following the date that the report required pursuant to subdivision ~~(h)~~ (g) is delivered to the Legislature, or until January 1, 2010, whichever is earlier, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2010, deletes or extends that date.